

9760

PLACE OF BIRTH

County of Dela
 District of Miami
 City of Miami
 State of Fla

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

R. A. WATKINS PRINTING CO., PHOENIX

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

Co. Register No. 281

Local Registrar's No. _____

LEGAL NAME OF CHILD

Child is not named, make Supplemental Report on blank obtainable from local registrar.

Born NO
 Alive YES

FATHER
 Name Joseph Walker
 Residence Miami
 Race White Age at last Birthday _____ (Years)
 Birthplace N. Mexico
 Occupation Shutter

MOTHER
 Name Miami
 Residence Miami
 Color or Race White Age at last Birthday _____ (Years)
 Birthplace N. Mexico
 Occupation HW

Number of children of this mother 3
 Number of Children, of this mother, now living 3

Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 28 1919, at 6 P. M.

*When there is no attending physician or midwife, then the householder could make this return.

(Signature) W.D. Brayton
 (Attending physician, midwife, householder.)*

Given or Christian name added from a

Supplemental report _____ 1919 Address _____
 Filed May 30 1919

169-524-000
 COUNTY REGISTRAR.

A True Copy
 Filed June 10 1919

W.D. Brayton
 LOCAL REGISTRAR.
B.G. Fox
 COUNTY REGISTRAR.